

Fax to: _____ Fax #: _____ # of pages: _____

**CITY OF SUNNYVALE
DEPARTMENT OF PARKS AND RECREATION
FIELD RENTAL APPLICATION**

(408) 730-7353

Contact/Individual Name _____

Sunnyvale Company or Organization _____

Mailing Address _____

City _____ Zip _____ E-mail address _____

Phone: Work () _____ Home () _____

Intended use of field: _____ Estimated # of people per use _____

Special needs or equipment needed: _____

Dates, Times, & Fields Request (attach additional sheet if necessary): _____

LIABILITY STATEMENT

In submitting and signing this form, I certify I have read, understand and will abide by the facility rules and regulations set forth. I certify that the use detailed on the enclosed permit is in compliance with the City's rules and regulations and certificates of insurance requirements and is subject to approval of the Director of Parks and Recreation or the assigned representative. Applicant/Permit Holder hereby agrees to indemnify, defend and hold harmless the City of Sunnyvale, City Council, Boards and Commissions, and individual members thereof, and all officers, agents and employees, from and against all claims, damages, losses and expenses, including but not limited to attorney's fees, arising out of, resulting from or in any manner related to the use and occupancy of said facility, regardless of whether or not such claim, damage, loss or expense is caused in part by a party indemnified hereunder. I, the undersigned, or the company I represent, will be responsible for any damages sustained to the facility. I agree that the reservation is granted with the understanding the City may cancel when the facility is needed for City programs. **Full payment must be given 14 days prior to the reservation date. Failure to submit payments by the designated date will result in loss of the contract, and the facility will be released. It is my responsibility to notify the City of any cancellations or revisions on my part within 14 days prior to the reservation date. Failure to do so will result in my fees being withheld.**

Applicant Name: _____

Name

Signature

Date

Please **drop off** application at:
Sunnyvale Community Center
Attn: Field Coordinator
550 E. Remington Drive
Sunnyvale, CA 94087

Fax to: 730-7754
Attn:
Field Coordinator

Please **mail** application to:
Sunnyvale Community Center
Attn: Field Coordinator
P.O. Box 3707
Sunnyvale, CA 94088-3707

Payment: **Visa/Mastercard Only** Name of Card Holder _____
Card # _____ Exp. Date _____